

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/588 124

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1				51						
2		1	1				52						
3		2		2			53						
4	1		1				54						
5	1		1				55						
6	1		1				56						
7		3		3			57						
8		3		3			58						
9		3		3			59						
10	1		1				60						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			6										
TOTAL DEP.			11										
TOTAL CLAIMS			17										